862.2213



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
TAKEYUKI NAGASHIMA)	Examiner: K.Y. Poon
Application No.: 09/033,585)	Group Art Unit: 2724
Filed: March 3, 1998)	
For: PRINTING SYSTEM, AND PRINTING CONTROL METHOD : AND APPARATUS)	Date: March 1, 2000
Assistant Commissioner for Patents Washington, D.C. 20231	-9 2000 -9 2000 ENTER 2700

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated September 1, 1999 to and including March 1, 2000. A check in the amount of \$870.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

The Examiner is respectfully requested to amend the

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on	09033585
March 1, 2000	8
(Date of Deposit)	00000169
Leonard P. Diana	_8
(Name of Attorney for Applicant)	8
March 1, 2000	AYE.
(Signature) (Date of Signature)	RTSEGAYE
	03/07/2000

GP2724 /A

862.2213

K.Y. Poon

March 1, 2000

2724

In re Application of:

TAKEYUKI NAGASHIMA

Application No.: 09/033,585

Filed: March 3, 1998

For: PRINTING SYSTEM, AND PRINTING

CONTROL METHOD AND APPARATUS

THE ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Docket No.

Examiner:

Date:

Group Art Unit:

X No additional fee is required.

The fee has been calculated as shown below.

			CLAIMS AS AM	ENDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= -	x \$ 9 \$18	\$0
INDEP.	* 7	MINUS	***	= -	x \$39 \$78	\$0
Fee for Multiple Dependent claims \$130°/\$260			\$0			
			TOTAL ADDIT			\$0

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

Overified Statement claiming small entity status is enclosed, if not filed previously.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Man E
	A check in the amount of \$ is enclosed FINTETRINE
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of $\$870.00$ to cover the fee for a <u>three</u> month extension is enclosed.
	A check in the amount of \$ to cover the Notice of Appeal fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicant

Registration No.

29,296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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